

MICHIGAN DEPARTMENT OF CORRECTIONS POLICY DIRECTIVE SUBJECT GENDER IDENTITY DISORDERS IN PRISONERS	EFFECTIVE DATE 04/19/1993	NUMBER 04.06.184
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	AUTHORITY MCLA 24.207(k); 791.203	
	ACA STANDARDS 3-4292; 3-4355; 3-4360	
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POLICY STATEMENT:

To provide direction in the appropriate management of prisoners with gender identity disorders, including gender dysphoria and transsexualism.

POLICY:

- A. A person with a gender identity disorder is unhappy with his/her own biological sex, and desires to be considered as a member of the opposite sex. In the extreme gender identity disorder called transsexualism, the individual also has a long-standing desire to replace his or her own physical sexual characteristics (genitals, breasts, voice quality, hair distribution, body shape, etc.) with those of the opposite sex. Gender identity disorders including transsexualism differ from homosexuality, which is sexual attraction to persons of the same sex, and transvestism, which is the wearing of clothing of the opposite sex for sexual gratification.
- B. While imprisonment provides special difficulties in the diagnosis and management of persons with gender identity disorders and transsexualism, these conditions represent serious medical needs which may not be ignored. The best foundation for appropriate management and for avoiding inappropriate interventions is a prompt and thorough initial medical and mental health evaluation, followed by implementation of an individual management plan by both custody and health care staff.

EVALUATION

- C. When a gender identity disorder or transsexualism is suspected, the medical director shall ensure that the prisoner receives a complete medical history and physical examination, including a detailed genital or pelvic examination by a physician and a comprehensive evaluation by a psychiatrist or a fully licensed clinical psychologist.
- D. Specific historical details, including any hormonal or surgical sex reassignment or cosmetic surgical procedures, shall be included. Historical details shall be pursued with diligence. Documents supporting any claims of prior diagnosis, treatment, cross-gender living and working shall always be sought. The evaluations and the historical documentation shall be filed in the prisoner health record.
- E. For new prisoners, the evaluation shall occur in the Reception Center.

INDIVIDUAL MANAGEMENT PLAN AND PLACEMENT

- F. If the medical/mental health evaluations support a diagnosis of gender identity disorder or transsexualism, the Medical Director shall formulate a written individual management plan. The plan shall reflect that consideration has been given to all of the following:
 1. placement and housing (generally single-occupancy cell);
 2. access to toilet and shower facilities with relative privacy;
 3. clothing (e.g., brassieres for a prisoner with breast development or augmentation);

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4. characteristics of the prisoner, including size, tendency toward violence or predatory behavior, etc., which are relevant to placement.
- G. Regular (every three months as a minimum) visits to a mental health provider for supportive psychotherapy shall always be included.
- H. The proposed individual management plan and the medical/mental health evaluations shall be submitted to the Chief Medical Officer, Bureau of Health Care Services (BHCS). If the Chief Medical Officer concurs, s/he shall discuss the case with the Deputy Director, Correctional Facilities Administration (or the Deputy Director, Field Operations Administration for community placements), and arrive at a final individual management plan and placement.
- I. The approved individual management plan shall be reviewed at least annually by the applicable Medical Director. Any changes to the plan must be approved by the Chief Medical Officer (BHCS) and applicable Deputy Director.
- J. Copies of the written plan shall be provided to the Resident Unit Manager/Assistant Resident Unit Manager and shall be included in the prisoner's counselor, record office and health record files.

HORMONAL SEX REASSIGNMENT TREATMENT

- K. Hormonal treatment of a prisoner with a gender identity disorder may be undertaken only if one or more of the following apply:
 1. The prisoner was, immediately prior to incarceration, scheduled for sex reassignment surgery at a recognized university affiliated gender identity disorder clinic (as documented by receipt of definitive records) and was receiving hormonal treatment under that clinic's supervision;
 2. the prisoner has been surgically castrated (confirmed anatomically, or in biological females, by receipt of definitive records);
 3. the prisoner (typically a biological male) has had years of hormonal treatment, and there is laboratory verification, after two or more months off hormonal treatment, of testosterone or estrogen deficiency with elevated FSH and LH;
 4. other circumstances if approved by the Chief Medical Officer, BHCS.
- L. In each case:
 1. The decision to provide hormonal treatment is to be made by a Department physician;
 2. written informed consent is to be obtained after detailed discussion of potential side effects and dangers;
 3. only the medically appropriate dose of hormone (e.g., ethinyl estradiol 0.05 mg/day for biological male transsexuals or methyltestosterone 10-20 mg./d for biological female transsexuals) should be used. There is no accepted role for high dose estrogen or high dose progestin or for cycle or parenteral administration in biological male transsexuals.

SURGICAL SEX REASSIGNMENT

- M. Surgical procedures for initiation, advancement or maintenance of sex reassignment shall not be performed except in extraordinary circumstances as determined by the Chief Medical Officer, BHCS, and the Director.